

DEPARTMENT OF PLANNING & BUILDING BUILDING DIVISION

276 Fourth Avenue Chula Vista CA 91910 619-691-5272 619-409-5428 FAX

REROOF WORKSHEET

FORM 4563

Applicant – The following information shall be provided for City review and approval prior to issuance of a permit for reroofing. Please complete all applicable non-shaded areas.

		PARCEL #:		
SITE ADDRESS: APPLICANT NAME: (Please check one) [] Contractor [] Agent for Contractor [] Owner [] Designer				
The Local Page in the Contractor [] Agent for Contractor [] Owner [] Agent for Owner [] Designer				
CITY:		STATE:	ZIP:	
FAX #: E-MAIL:		MAIL:		
OWNER NAME: (Please check one) [] Owner [] Lessee or Tenant				
CITY:		STATE:	ZIP:	
FAX #: E-MAIL:		MAIL:		
CONTRACTOR:				
CITY:		STATE:	ZIP:	
FAX #: E-MAIL:				
CLASS	EXPIRATION DATE	CHULA VISTA BUSINESS	LICENSE NUMBER	
EXISTING ROOF INFORMATION				
[] RESIDENTIAL [] COMMERCIAL				
ROOF SLOPE: RISE: (IN INCHES) NUMBER OF EXISTING LAYERS: []1 []2 []3				
TYPE OF EXISTING ROOF COVERING:				
TYPE OF EXISTING SHEATHING: WILL EXISTING COVERING BE REMOVED? [] YES [] NO				
NEW ROOF APPLICATION INFORMATION				
NEW ROOF MATERIAL TRADE NAME & MANUFACTURER:				
NEW ROOF MATERIAL TYPE:				
NC		NO. OF SQUARES:	O. OF SQUARES:	
]B [] C [] NON-RATED NEW PLY		NEW PLYWOOD SHEATING	YWOOD SHEATING?[]YES []NO	
[]Con	crete Tile [] Clay Tile	[] Composition s	shingles	
ROOFING APPLICATION: [] Wood shakes [] Wood Shingles [] Roof Restructure [] Fiberglass Shingles				
BASIS FOR ROOF SYSTEM APPROVAL:				
Is the existing structural design sufficient to sustain the weight of the proposed new roof? [] Yes [] No				
If not, provide roof plan to substantiate adequate stability for a heavier roof system.				
I understand the following inspections are required: (1) Tear-off/pre inspection prior to installing new roof covering; (2) Final Inspection. I agree to perform all work in accordance with Municipal Code requirements. I acknowledge that all information on this form is true and correct.				
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	(#: []Lessee (#: (#: CLASS EXISTING RESIDER ES) NU ROOF A UFACTURE ON-RATED []Concount to sustandequate see required	CITY: (#: E-N [] Lessee or Tenant CITY: (#: E-N CITY: (#: E-N CLASS EXPIRATION DATE EXISTING ROOF INFORMATION [] RESIDENTIAL [] COMMERCES) NUMBER OF EXISTING LAY WILL EXISTING ROOF APPLICATION INFORM UFACTURER: ON-RATED [] Concrete Tile [] Clay Tile s [] Wood Shingles [] Roof Resident of the product of t	CITY: STATE: (#: E-MAIL: [] Lessee or Tenant CITY: STATE: (#: E-MAIL: CITY: STATE: (#: E-MAIL: CLASS EXPIRATION DATE CHULA VISTA BUSINESS EXISTING ROOF INFORMATION RESIDENTIAL [] COMMERCIAL ES) NUMBER OF EXISTING LAYERS: []1 []2 []3 WILL EXISTING COVERING BE REMOVED ROOF APPLICATION INFORMATION UFACTURER: NO. OF SQUARES: ON-RATED NEW PLYWOOD SHEATING [] Concrete Tile [] Clay Tile [] Compositions is [] Wood Shingles [] Roof Restructure [] Fiberglass Sheat to sustain the weight of the proposed new roof? [dequate stability for a heavier roof system. e required: (1) Tear-off/pre inspection prior to installing results.	